Illinois Department of Public Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING;		COMPLETED	
IL6013320		IL6013320	B. WING		08/07/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BRIARBROOK PLACE 228 BRIARBROOK DRIVE						
EAST PEORIA, IL 61611						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5)		
Z 000 COMMENTS			Z 000			
	LICENSURE COM	PLAINT INVESTIGATION				
	2023885 / IL00123069					
Z9999	FINDINGS		Z9999			
	Statement of Licensure Violations					
	Section 350.670 Personel Policies					
	f)3) All facility employees who deal directly with residents shall be trained on the individual requirements and behavioral issues of residents who may come under their care, to ensure the safety and dignity of each client. The employees' training and competency shall be documented.					
	This regulation was not met as evidenced by:					
	Based on observations, record review and interview the facility failed to ensure the safety and dignity of 1 of 3 residents in the sample when the resident was yelling outside during a behavior (R1).					
	Findings include:					
	1/9/20, is a 26 year which include Austi	order. R1 functions at the level			8	
	included R1 walking outdoors. R1 walke enter and exit the h	on 6/30/20 at 1:15pm g in the yard and driveway d quickly and continued to ouse. R1 states they "had a and he is "going to see his		Attachment A Statement of Licensure Viole	tions	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 09/30/2020 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING IL6013320 08/07/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **228 BRIARBROOK DRIVE BRIARBROOK PLACE** EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Z9999 Continued From page 1 Z9999 Grandma". R1 speaks quickly and in fragment sentences. R1 was wanting to go on a home visit. Z1, complainant, provided a video recording of R1 outside of his residence sitting in a chair and screaming loud enough to be heard from the street. The video shows E3, Direct Support Person, come to the front door, tell R1 to go inside and then proceed to walk to R1 with her hands in her pockets. When E3 approached R1, she swung her foot toward him and told him to go inside. R1 jumped up and quickly walked inside. During an interview on 7/2/20 at 1:21pm, E1, Administrator, stated she viewed the video. E1 could not determine if E3 made contact with R1. E1 determined that E3 would be suspended for two days and recieve additional training on how to appropriately address R1's behaviors. (B)

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